H. Peter Ku, D.D.S., P.A.

Laura F. Loftin, D.M.D./Darrell Pruitt, D.D.S./Julie Norwood, D.D.S.

3045 HAMILTON AVE, FORT WORTH TX, 76107

  (817) 870-0556

**2014 Written Financial Policy**

Thank you for choosing H. Peter Ku, D.D.S., PA. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**Payment Options:**

You can choose from:

            - Cash, Check, Visa, MasterCard or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash prior to completion of care for treatment plans of $1000 or more.

- Convenient Monthly Payment Options¹ from CareCredit Healthcare Credit Card

o    Allow you to pay over time

o    No annual fees or pre-payment penalties

**Please note:**

H. Peter Ku, D.D.S., PA requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined on a case-by-case basis. The doctor’s time will be calculated on a “rate-per-hour” basis.

For larger, more comprehensive treatment plans of $1000 or more, a deposit is required to secure your initial treatment appointment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.²

A fee of $30.00 is charged for patients who miss or cancel more than 2 times in a calendar year without 24-hour notice.  Our office charges $30 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

                                                                                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient, Parent or Guardian Signature                                                              Date

                                                                                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.